

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF OHIO

08 MAY 20 PM 12:32

UNITED STATES OF AMERICA, et al., : CASE NO. C-1-02-107
Plaintiffs, : JUDGE S. ARTHUR SPIEGEL
-VS- : MAGISTRATE HOGAN
BOARD OF HAMILTON COUNTY : REQUEST FOR REVIEW
COMMISSIONERS, et al., :
Defendants. :

I, MICHAEL D. HARRIS, request that the Court review my Water-in-Basement claim, pursuant to the Court's February 2, 2006, Order. Attached hereto is the information detailing the nature of my dispute.

Respectfully submitted,

Michael D. Harris

Signature

MICHAEL D. HARRIS

Name (print)

(mharris6@cinci.rr.com)

5-19-08

Date

INFORMATION FOR REQUEST FOR REVIEW

Name: MICHAEL & PATRICIA HARRIS
Address: 6730 NORTH CLIPPINGER DR
CINCINNATI OHIO 45243
Phone: 513-561-5535

Nature of dispute and description of your disagreement (attach additional pages if necessary):

SEE ATTACHED PAGE 1

Date of City's decision (please attach): APRIL 17, 2008

Describe the Relief that you are seeking and any evidence that you have to support your claim. Please attach your original claim and other documents (receipts, photos, videos, etc.) that you would like the Court to review:

REIMBURSEMENT FOR LOSS OF \$7,887.13 IN EXCESS OF INSURANCE

DOCUMENTATION & PHOTOS ATTACHED

Check one:

- ☒ I would like to appear in person to explain my position to the Court.
☐ I do not need to appear in person. I would like the Court to issue a decision based on its review of this form and the attached documents.

Signature:

Michael D. Harris (EMAIL mharris6@cinci.rr.com)

Date:

5-19-08

**** File this form and any relevant documents at the Clerk of Court's office in Room 103 of the Federal Courthouse, 100 E. 5th Street, Cincinnati, OH 45202; and send a copy to the City of Cincinnati, c/o Terry Nestor, 801 Plum St., Room 214, Cincinnati, OH 45202, and/or Fax: 513-352-1515.**

SUPPLEMENT TO: INFORMATION FOR REQUEST FOR REVIEW

Michael and Patricia Harris
6730 North Clippinger Drive
Cincinnati, Ohio 45243
513-561-5535

We were informed by letter from MSD dated 4/17/08 (copy attached) that MSD has no responsibility for our loss due to water in our basement on 12/13/07. As I understand it, the denial by MSD is based on the rule that the property owner is responsible for maintenance of the lateral. However, at the time of the backup, I had a private contractor, Roto-Rooter, attempt to clear my lateral and they were unable to locate an obstruction. I then had the contractor attempt to run a TV camera through the lateral to identify the problem and their investigation indicated the blockage was at the connection of the lateral to the main and I should call MSD as Roto-Rooter did not have a "rod" long enough to reach the main. I then called MSD for assistance and they attempted to "rod out" the lateral. After using the longest "rod" they had they were able to open the line but said there was still a remaining obstruction. MSD then called in their TV truck to run a camera from a manhole in the street down the MAIN sewer. This crew was not able to navigate the camera from the main to my lateral and they told me there was an obstruction where the lateral joined the main. Therefore, MSD notified me they were going to have to dig up the street to get to the sewer main some 17 feet beneath the street.

MSD then made arrangements with a private contractor to dig up the street. In early January, as the contractor was making repairs I asked him what was being done and he told me they were replacing the lateral connection to the main to clean out roots growing INTO THE MAIN SEWER. Further, the contractor indicated to me the roots causing the problem were from a tree in my neighbor's yard across the street from my property as there were no obstructions caused by any trees in my yard and that in addition to replacing my lateral connection due to the large root mass, they were also replacing the lateral connection to my neighbor's house across the street.

I have maintained my lateral in the 8 years I have lived at this property and have had the lateral cleaned. It seems reasonable to expect that MSD has a responsibility to make periodic inspection of their main which would have identified this problem. Therefore, it seems to me that a reasonable and fair handling of my out-of-pocket loss of \$7,887 (see claim calculation attached) would be at a minimum for MSD to share in this cost if not reimburse in full since the sewer main and not simply my lateral was involved in this problem.

Michael and Patricia Harris
May 9, 2008



**METROPOLITAN SEWER DISTRICT
OF GREATER CINCINNATI**

1600 Gest Street
Cincinnati, Ohio 45204
513-244-1300
www.msdc.org

James A. Parrott
Executive Director

April 17, 2008

Michael D. Harris
6730 North Clippinger Drive
Indian Hill, Ohio 45243

RE: Water in Basement claim for 6730 North Clippinger

Dear Mr. Harris:

A review of your claim has determined that your Water in Basement incident on December 13, 2007 was caused by roots in your house lateral in the right-of-way. Though MSD is responsible for repair and reconstruction of that part of a house lateral in the right-of-way, the lateral is owned by the owner of the building served by the lateral. Therefore, MSD must reject your claim for damages.

If you disagree with the City's disposition of your claim you may appeal the decision through standard legal process in the courts of Hamilton County in the Hamilton County Municipal Court or the Court of Common Pleas. Both of these courts are located at 1000 Main Street.

Alternatively, in accordance with an order in the Consent Decree case, Federal District Court case # C-1-02-107, you may file a Request for Review with the Federal Court in Cincinnati, Ohio. You should file your Request within 90 days with the Clerk's Office of the Federal Court located in the Potter Stewart U.S. Courthouse, Room 103, 100 East 5th Street, Cincinnati, Ohio 45202. You may call the court-appointed Ombudsman, the Legal Aid Society, at (513) 362-2891 for further information concerning your rights under the Consent Decree.

Sincerely,

Michael Pittinger, Superintendent
Wastewater Collections

enc.

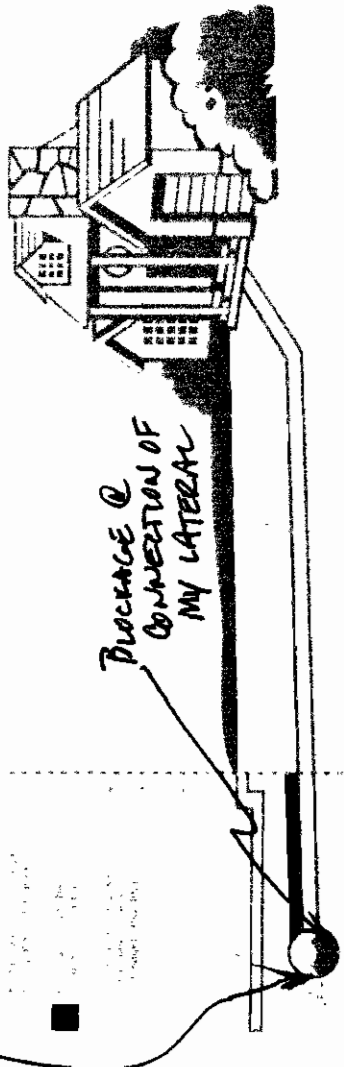
Customer Service
513-352-4900

Emergency Service
513-352-4900



Equal Opportunity Employer

Blockage @ CONNECTION OF LATERAL TO HOME ACROSS STREET



To determine if there is a blockage in your line, plumbers will thread a flexible metal rod or cable with a cutting tool attached to the end of it into your sewer line. This is called rodding (or cabling). If the rod meets with resistance, chances are good that there is a blockage. With the correct cutting tool and rodding equipment, plumbers can generally cut through blockages. They also may be able to tell what's causing the blockage depending on what's on the end of the rod once it's removed.

Yes, but MSD can only fix backups caused by the public sewer system. You are responsible for fixing your backup if it is caused by a problem with your lateral line, such as a clog or roots in the line. If you aren't sure what is causing your backup, call MSD at (313) 352-4900 and we may be able to help you identify the source of your problem.

No. If the broken section of your lateral is on your property, you are responsible for fixing it. However, MSD will fix breaks in the lateral line located within the public right-of-way (the area between your property line and the main line sewer) or in sewer easement areas (see illustration above). Keep in mind though, you are responsible for keeping the entire length of your lateral line clear of clogs and blockages on the inside.

A lateral line is the private sewer line, sometimes called a house tap or building sewer, that connects your home to the public sewer system (see above illustration). Wastewater from your toilets, sinks, showers, washing machines and often times your downspouts travels through your lateral line to the public (or mainline) sewer system which carries it to the nearest wastewater plant for treatment.

Lateral line blockages are most often caused by excessive buildups of grease (a result of pouring cooking grease and fat down the kitchen sink) and tree roots that have grown into the sewer pipe. If flushed, plastic and other non-soluble materials such as baby wipes, diapers and feminine products also can get caught in the line and block the flow of wastewater through the system, sometimes causing backups.

Water backing up in your floor drains, usually in the basement or lowest part of your house, is the most visible sign of a problem. Regularly rodding your lateral line, however, is the best way to detect problems before water backs up into your home.

Rodding your lateral line often removes blockages (see next question). However, more significant problems like a broken or collapsed pipe may require digging up the line and replacing portions of the pipe. A professional plumber can help you address these problems.

Did you know that regularly maintaining your lateral line is just as important as changing the oil in your car and replacing the filters on your furnace?

Keeping your lateral line — the sewer line that connects your home to the public sewer system — clean, open and in good repair reduces the risk of blockages and the aggravation that a clogged line or worse, a basement backup, would cause.

Maintaining your lateral line is easy. The key is understanding what a lateral line is, how it works, and what you can do to make sure it operates properly.



MAINTAINING YOUR LATERAL LINE IS YOUR RESPONSIBILITY

In Hamilton County, as in most communities, it is your responsibility to properly maintain your lateral line. This includes:

- Keeping the lateral line clear of fat, grease and debris.
- Keeping the lateral line clear of roots.
- Keeping the lateral line clear of debris.

As part of this policy, you are responsible for repairing any damage to the lateral line. You also are responsible for any damage to your property caused by a problem with your lateral line, such as a blockage or a collapsed pipe.

TV & LOCATE - RFS 12/14/07

220970

metropolitan sewer DISTRICT
Wastewater Collection
Request for Service

Date: 12-14-07
Time: 9:41

Caller Info
First Name MICHAEL Last Name HARRIS
Agency _____ Phone: Business _____
Address _____ Home 561-5535
Received by: ER

Location
Address 6730 N. CLIPPINGER
Near Intersection _____
City/Township INDIAN HILL Sub Area _____ Zip Code _____
Details _____

Comments
PICK UP
TAPE
Job Order
Address
Forman
Repair
ST SW SOD RIW
Est. Days
Size of Cut
Number
UT# WW

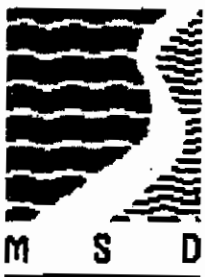
On Site
Date: 12-14-07 Unit Responding: 444
Time Received: 9:42 Arrived: 12:20 Finish: 12:30

Condition Found and Temporary Action Taken
(Make All Referrals by Name - Do Not Use Radio Numbers)

PICKED UP TAPE. SK-G
12-14-07
Refer to P-Schneider to Review.

NOG DUGGED VIDEO ONTO LIL... PUMPER 12-14-07
VIDEO GOES SUMMERED @ 98' OUT FROM 10, REFER
TO DISPATCH TO RETURN VIDEO. AND COO WITH
LARGEST TOOL POSSIBLE, IF LOCATED IT'S AHEAD
LOCATE & WITNESS, IF ML IS LOCATED REFER TO J. WARD

Pump# _____ P/U Pump _____ EIB _____ Other Use OVER
Final Disposition NFAW MSD/PVT



**METROPOLITAN SEWER DISTRICT
OF GREATER CINCINNATI**

**Hamilton County – Managed
By the City of Cincinnati**

**1600 Gest Street
Cincinnati, Ohio 45204
513-244-1300
www.msdc.org**

**Board Of
County Commissioners**

**Pat DeWine
David Pepper
Todd B. Portune**

County Administrator

Patrick Thomson

City Manager

Milton Doheny Jr.

Executive Director

James A. Parrott

Deputy Director

Biju George

**W.W.C. Superintendent
Michael L. Pittinger**



Date: 5/5/08

Dear valued customer:

In order to ensure the safe and uninterrupted service of your public sewers, we have determined that certain repairs or modifications must be performed to the sewer system within the vicinity of your residence.

First and foremost, please be assured that any work performed will be funded by the sewer rates paid in conjunction with your regular Cincinnati Water Works bill. You will incur no additional cost. Please rest assured that upon completion of the work, any disturbed areas will be restored as closely as possible to their original condition.

You may soon notice the presence of multi-colored paint markings on the ground in your area. These markings do not necessarily indicate points of excavation or repairs. The sole purpose of these markings is to indicate the location of any nearby underground utilities in the area. With these markings, we can perform the necessary work while taking important precautions to protect your other public utilities.

Prior to, and during the completion of the necessary work, we may post "No Parking" signs in the area with the full approval of the local Police District. This will happen the evening prior to beginning our repair. While we recognize the inconvenience imposed by these restrictions, we must stress that they are important to the personal safety of our crews and the general public. Please cooperate with the posted parking restrictions.

Due to the large extent of the Metropolitan Sewer District's service area, the number of identified repairs often exceeds our available repair crew compliment. Out of necessity, we must occasionally secure a sunken area or cave-in with appropriate barricades, steel street plates, or placement of fill material until a crew becomes available. The interim safety of these sites is of utmost importance to the Metropolitan Sewer District. If you feel that such a site is becoming hazardous in any way, or if you have any other questions or concerns, please contact me immediately at (513) 931-4537 or our dispatch office at (513) 352-4900.

Thank you in advance for your cooperation.

Sincerely,

Christopher P. Hoerlein

Chris Hoerlein
Emergency Repair Supervisor
MSD – Wastewater Collection Division
880 Reynard Ave.
Cincinnati, Ohio 45215
Chris.hoerlein@cincinnati-oh.gov

931-4537

ORIGINAL CLAIM

**METROPOLITAN SEWER DISTRICT OF GREATER CINCINNATI
WATER-IN-BASEMENT (WIB) CLAIM FORM**

GENERAL INFORMATION. To be completed by claimant.

Name of Claimant: MICHAEL D. HARRIS

Address of WIB: 6730 NORTH CLIPPINGER DRIVE

City, Village or Township INDIAN HILL Zip Code: 45243

Unit #, if applicable _____ Day time phone number: 561-5535

Type of property: ☒ Single Family Residence

(check one)

_____ Multi-Family Residence (# of Units: _____)

_____ Business

When did this WIB occurrence begin: 12-13-07

Did you report this WIB incident to MSD?

☒ Yes ☐ No

If you reported this WIB incident, when did you report it?

12-13-07

Number of times you have had WIB incidents in the past NONE

Approximate dates of those incidents

Did a plumber or other qualified professional determine the cause of the back-up? If so, please provide a copy of a report from the plumber or other qualified professional setting out the basis for his/her conclusion. Please summarize that conclusion below.

YES - MSD DETERMINED BACKUP CAUSED BY
FAILURE IN LATERAL CONNECTION TO MAIN SEWER -
(SEE ATTACHED)

DAMAGES INFORMATION. To be completed by claimant

- (1) Is your basement: ☐ Unfinished
☐ Partly Finished
☒ Completely Finished
- (2) If your basement was partially or completely finished, please indicate the square footage of finished square feet
1150 finished sq. ft. unfinished sq. ft.
- (3) Please indicate the type of floor covering that was in your basement prior to the WIB:
☐ Bare floors ☒ Carpeting ☐ Tile / linoleum
- (4) Please indicate what your basement is used for:
☐ Storage ☐ Bathroom ☐ Study / den
☐ Laundry ☒ Bedroom ☒ Family Room
☐ Workbench Bar
☐ Other (please specify)
- (5) Please attach an inventory of damaged property, using the attached instructions.
WALL-TO-WALL CARPET
- (6) Do you believe that the WIB incident caused any structural damage to the premises? If so, please provide a report from a structural engineer or other qualified professional describing the damage, its causes and proposed remedies for it. Please summarize that information below.

N/A

(7) **Diminution in Value:** Did you sell or have you tried to sell the property since the WIB? Do you believe that you received or were offered less than the full value because of the WIB incident? If so, please provide a report from an appraiser or other qualified professional quantifying the reduction in value attributable to the property's WIB status. Please also include any sale contracts or offers, as well as any declarations, documents or other evidence the you believe supports your claim.

N/A

Additional Diminution in Value Claim Questions:

Have you applied for MSD's WIB Prevention Program? If so, what was the result of your application? If not, why not?

N/A

In connection with the WIB situation that has given rise to your diminution in value claim, have you undertaken any other mitigation measures? If so, please describe below and attached any reports from engineers or other qualified professionals documenting the mitigation measures.

N/A

INSURANCE INFORMATION. To be completed by all claimants.

Do you have an insurance policy on the property that has experienced the WIB?
Yes



No

If you have insurance on the property, please provide the following information:

The name of your insurance carrier

STATE FARM

Your policy number:

35-KB-5813-5

The amount of your deductible

\$ 1,000

Please attach a copy of your policy's Declarations Sheet and / or a letter from your carrier indicating that these damages are not covered.

OTHER POTENTIAL CLAIMANTS.

N/A

We request this information in order to identify any other persons who may have claims for damages as the result of the WIB. Please complete any applicable section.

- (A) **RENTERS.** If you rent the property that experienced the WIB, please provide the following information about your landlord:

Name: _____
 Address: _____
 City: _____ State: _____
 Phone Number: _____

- (B) **LANDLORDS:** If you own the property that experienced the WIB:

(1) Please provide the following information about each tenant, co-owners, land contract holders whom you believe may have incurred damage to personal property as a result of the WIB (attach a separate sheet of paper if necessary):

Name: _____
 Address: _____
 Telephone Number: _____ Unit #: _____

- (2) Please provide the following information:

Is the property held in the name of a corporation, partnership, or other entity, rather than by individuals? ☐ Yes ☐ No

If yes, provide the name of the entity that owns the property?

- (3) Please provide the following information about how we can contact you:

Address: _____
 City: _____ State: _____
 Phone Number(s): _____

VERIFICATION: To be completed by all claimants.

I hereby certify that the information provided on this form, as well as the information contained on my inventory of damaged property, is true and accurate to the best of my knowledge.

Michael D. Harris

Signature of Claimant

3-4-08

Date

FOR OFFICIAL USE: To be completed by MSD and / or City Claims Personnel.

Form received in Claims Section on _____ by _____

Acknowledgment letter sent to claimant on _____ by _____ (copy file)

Internal Claims Determination Form sent to MSD on _____
received back in Claims Section on _____
follow up calls made _____

Further information requested from MSD? ☐ Yes ☐ No

Date of request: _____ Mode: ☐ Email ☐ Memo ☐ Oral
(copy file)

Type of info requested: _____

Response to request rec'd on: _____

Further information requested from MSD? ☐ Yes ☐ No

Date of request: _____

Type of info requested: _____

Response to request rec'd on: _____

**Instructions for Providing
Inventory of Damaged Property**

If the sewage backup in your basement was the result of negligence on the part of the Metropolitan Sewer District of Greater Cincinnati ("MSD"), MSD and the City of Cincinnati want to see that you are compensated fairly and in accordance with the law for any property damage that may have resulted.

If MSD was negligent, the Claims Section of the City of Cincinnati's Law Department will attempt to settle your claim by offering you a reasonable sum of money. The amount of money the Claims Section offers you will be based on your documented damages. For that reason, it is to your benefit to carefully follow these instructions and to respond to any additional requests from the Claims Section for information about your damages.

Instructions

On a separate sheet of paper, make a list of all the items for which you are claiming damages as the result of the Will. Your list should also include:

For every ELECTRONIC DEVICE or APPLIANCE (e.g., washer, lamp, television):

- Manufacturer
- Model Number, if available
- Approximate Age
- Cost when purchased
- A description of the damage the item sustained in the flood
- Whether the item is still useable
- Receipt, if available
- Picture of the item

For every piece of FURNITURE (e.g., couch, chair, etc.)

~~SEE ATTACHED~~

- Appropriate descriptive information (e.g., size, type of fabric, etc.) . Approximate Age
- Cost when purchased
- A description of the damage the item sustained in the flood
- Whether the item is still useable
- Receipt, if available
- Picture of the item

For every other item,

~~SEE ATTACHED~~

- Appropriate descriptive information Approximate age
- Cost when purchased
- A description of the damage the item sustained . Whether the item is still useable
- Receipt, if available
- Picture

STATEMENT REGARDING CLAIM FOR ADDITIONAL LOSS
MICHAEL & PATRICIA HARRIS
W-I-B CLAIM 12-13-07

Invoice from Servpro of Southeast Ohio for services to clean up from
sewer backup \$10,131.41

127.33 square yards of wall to wall carpeting in basement
destroyed—removed and hauled away. 5 years old.
Original invoice not found---estimate cost to replace obtained
from original vendor, Prosource of Cincinnati for exact same
carpet and pad \$7,169.72

Estimate from McDonough Flooring for carpet installation \$ 785.00

Invoice from Roto-Rooter who was my first call to
deal with backup \$ 301.00

Total \$18,387.13

Less: Insurance Claim (\$10,500.00)

Net Claim to MSD \$ 7,887.13



Tax ID Number
61-1264180

Servpro of Southeast Cincinnati
P.O. Box 8121
Cincinnati, OH 45208
Phone (513) 233-9550
Fax (859) 781-6288
stofferlegend@zoomtown.com
Tax ID 61-1264180

Loss Information

Michael Harris
6730 N Clippinger Dr
Cincinnati, OH 45243
Home: (513) 561-5535 Work:
Type: Sewage Cause: Sewage Back-Up
Claim #:
Policy #: 35KB58135

Loss Statistics

FNOL Date: 12/13/2007
Loss Date: 12/13/2007

Company: State Farm
Agent: Ladringer, Dennis
Adjustor:
Estimator: David

Job

Calculations	Room	Offset	Missing	Totals
sfFloor	757.49	0.00	0.00	757.49

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
1 9758 - Service Fee Service Call(S) (Note: 2 response teams were required due to the amount of standing sewer liquid in the house.)	2.00	EA	\$166.50	\$333.00	T	Y
2 8210 - Disposal Debris (Note: Waste management fee to use dumpsite in the proper EPA regulated method to dispose of sewer contaminated liquid)	3.00	LD	\$83.25	\$249.75	T	Y
3 7268 - Temp. Power Temporary Power Distribution Box (Note: 30 amp power converter so 230 electric can be used to maximize drying and homeowners safety)	5.00	DAY	\$52.17	\$260.85	T	Y
4 7310 - Setup & Take down Equipment (Note: take down, remove and return to shop equipment by IICRC technician at structure)	1.00	EA	\$99.90	\$99.90	T	Y
5 7291 - Decontamination Equipment (Note: Clean 4 pieces of equipment per hr. equipment was used in a Black water class 3 loss Decontamination was need to not cross contaminate other clients)	3.75	HR	\$27.75	\$104.06	T	Y
6 7410 - Health & Safety Personal Protective Equip.	4.00	SET	\$13.88	\$55.52	T	Y
7 3011 - Pressure Wash Floor (Note: After carpet & pad removal we went back and power washed all the floor surfaces)	757.49	SF	\$0.33	\$249.97	T	Y
Mitigation:				\$1,047.58	Structure:	\$1,353.05
Restoration:				\$305.49	Contents:	\$0.00
Replacement:				\$0.00	Total:	\$1,353.05

Family Room

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	271.53	0.00	0.00	271.53
	sfWalls	532.00	0.00	0.00	532.00
Length: 18 ft 10 in					
Width: 14 ft 5 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
8 3200 - Extraction, Black Carpet	271.53	SF	\$0.58	\$157.49	T	Y
9 3310 - EPA Reg. Disinfectant Floor	271.53	SF	\$0.28	\$76.03	T	Y
10 2080 - EPA Reg. Disinfectant Wall	133.00	SF	\$0.28	\$37.24	T	Y
11 3080 - Remove/Cut & Bag Carpet	271.53	SF	\$0.28	\$76.03	T	Y
12 3022 - Disposal Carpet	271.53	SF	\$0.20	\$54.31	T	Y
13 3040 - Remove Pad	271.53	SF	\$0.24	\$65.17	T	Y
14 8200 - Disposal Debris	17.00	BAG	\$10.88	\$184.96	T	Y
(Note: Pad disposal in trash bags)						
15 9420 - Manipulation Furniture/Contents	3.00	EA	\$31.08	\$93.24	T	Y
(Note: Sofa, 3 piece hutch, TV, TV Stand, Coffee Table, 2 end tables,)						
16 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
17 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
18 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
19 7056 - Drying Dehu: Refrigerant 104-160 Pints AHAM	5.00	DAY	\$138.75	\$693.75	T	Y
20 3260 - Antimicrobial Floor	271.53	SF	\$0.19	\$51.59	T	Y
Mitigation:			\$1,902.61	Structure:	\$1,809.37	
Restoration:			\$0.00	Contents:	\$93.24	
Replacement:			\$0.00	Total:	\$1,902.61	

Bedroom

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	162.23	0.00	0.00	162.23
	sfWalls	408.00	0.00	0.00	408.00
Length: 12 ft 2 in					
Width: 13 ft 4 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
21 3200 - Extraction, Black Carpet	162.23	SF	\$0.58	\$94.09	T	Y
22 3310 - EPA Reg. Disinfectant Floor	162.23	SF	\$0.28	\$45.42	T	Y
23 2080 - EPA Reg. Disinfectant Wall	102.00	SF	\$0.28	\$28.56	T	Y
24 3080 - Remove/Cut & Bag Carpet	162.23	SF	\$0.28	\$45.42	T	Y
25 3022 - Disposal Carpet	162.23	SF	\$0.20	\$32.45	T	Y
26 3040 - Remove Pad	162.23	SF	\$0.24	\$38.94	T	Y
27 8200 - Disposal Debris	9.00	BAG	\$10.88	\$97.92	T	Y
(Note: Pad disposal in trash bags)						
28 9420 - Manipulation Furniture/Contents	4.00	EA	\$31.08	\$124.32	T	Y
(Note: King Size Bed, Mattress, Springs, 2 night stands, Dresser, 2 lamps, Wood Chest, Rocking chair, 3 plastic totes)						
29 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
30 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
31 7056 - Drying Dehu: Refrigerant 104-160 Pints AHAM	5.00	DAY	\$138.75	\$693.75	T	Y

Mitigation:	\$1,478.07	Structure:	\$1,351.75
Restoration:	\$0.00	Contents:	\$124.32
Replacement:	\$0.00	Total:	\$1,478.07

Hallway

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	43.05	0.00	0.00	43.05
Length: 8 ft 9 in	sfWalls	218.72	0.00	0.00	218.72
Width: 4 ft 11 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
32 3200 - Extraction, Black Carpet	43.05	SF	\$0.58	\$24.97	T	Y
33 3310 - EPA Reg. Disinfectant Floor	43.05	SF	\$0.28	\$12.05	T	Y
34 2080 - EPA Reg. Disinfectant Wall	54.68	SF	\$0.28	\$15.31	T	Y
35 3080 - Remove/Cut & Bag Carpet	43.05	SF	\$0.28	\$12.05	T	Y
36 3022 - Disposal Carpet	43.05	SF	\$0.20	\$8.61	T	Y
37 3040 - Remove Pad	43.05	SF	\$0.24	\$10.33	T	Y
38 8200 - Disposal Debris	3.00	BAG	\$10.88	\$32.64	T	Y
39 9420 - Manipulation Furniture/Contents (Note: Sofa Table)	1.00	EA	\$31.08	\$31.08	T	Y
40 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
41 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y

Mitigation:	\$422.24	Structure:	\$391.18
Restoration:	\$0.00	Contents:	\$31.08
Replacement:	\$0.00	Total:	\$422.24

Storage Room

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	105.14	0.00	0.00	105.14
Length: 14 ft 2 in	sfWalls	345.44	0.00	0.00	345.44
Width: 7 ft 5 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
42 3230 - Extraction, Black Floor	105.14	SF	\$0.58	\$60.98	T	Y
43 3310 - EPA Reg. Disinfectant Floor	105.14	SF	\$0.28	\$29.44	T	Y
44 2080 - EPA Reg. Disinfectant Wall	86.38	SF	\$0.28	\$24.18	T	Y
45 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
46 7056 - Drying Dehu: Refrigerant 104-160 Pints AHAM	5.00	DAY	\$138.75	\$693.75	T	Y
47 9420 - Manipulation Furniture/Contents (Note: Paint Cans, Baby Crib, File Cabinet, Luggage, 2 folding tables)	2.00	EA	\$31.08	\$62.18	T	Y

Mitigation:	\$1,008.11	Structure:	\$945.95
Restoration:	\$0.00	Contents:	\$62.18
Replacement:	\$0.00	Total:	\$1,008.11

Laundry Room

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	125.16	0.00	0.00	125.16
Length: 11 ft 10 in	sfWalls	358.56	0.00	0.00	358.56
Width: 10 ft 7 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
48 3230 - Extraction, Black Floor	125.16	SF	\$0.58	\$72.59	T	Y
49 3310 - EPA Reg. Disinfectant Floor	125.16	SF	\$0.28	\$35.04	T	Y
50 2080 - EPA Reg. Disinfectant Wall	89.64	SF	\$0.28	\$25.10	T	Y
51 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
52 7056 - Drying Dehu: Refrigerant 104-160 Pints AHAM	5.00	DAY	\$138.75	\$693.75	T	Y

Mitigation:	\$984.08	Structure:	\$984.08
Restoration:	\$0.00	Contents:	\$0.00
Replacement:	\$0.00	Total:	\$984.08

Bathroom

	Calculations	Room	Offset	Missing	Totals
Box	sfFloor	50.38	0.00	0.00	50.38
Length: 6 ft 6 in	sfWalls	228.00	0.00	0.00	228.00
Width: 7 ft 9 in					
Height: 8 ft 0 in					

Description	Quantity	UOM	Unit Price	Total	Tax	O/P
63 3230 - Extraction, Black Floor	50.38	SF	\$0.58	\$29.22	T	Y
64 3310 - EPA Reg. Disinfectant Floor	50.38	SF	\$0.28	\$14.11	T	Y
66 2080 - EPA Reg. Disinfectant Wall	67.00	SF	\$0.28	\$15.96	T	Y
68 7000 - Drying Air Movers	5.00	DAY	\$27.52	\$137.60	T	Y
67 7056 - Drying Dehu: Refrigerant 104-160 Pints AHAM	5.00	DAY	\$138.75	\$693.75	T	Y

Mitigation:	\$890.64	Structure:	\$890.64
Restoration:	\$0.00	Contents:	\$0.00
Replacement:	\$0.00	Total:	\$890.64

Summary Totals

Structure:	\$7,706.00		
Contents:	\$310.80	S/C Total:	\$8,016.80
Overhead:	\$801.71		
Profit:	\$801.71	O/P Total:	\$1,603.42
Non Taxable:	\$1,603.42		
Taxable:	\$8,016.80	Sub Total:	\$9,620.22
		6.50% Sales Tax:	\$521.09
		Total:	\$10,141.31
		Deductible NOT COLLECTED:	

PROSOURCE OF CINCINNATI
 11489 ENTERPRISE PARK DR
 CINCINNATI, OH 45241
 Telephone: 513-772-7726 Fax: 513-326-3636

Page 1

ES800577

ESTIMATE

Sold To	Ship To
HARRIS, MICHAEL 6730 N. CLIPPINGER DR CINCINNATI, OH 45243	PROSOURCE OF CINCINNATI 11489 ENTERPRISE PARK DR CINCINNATI, 45241
Home:	Business:

Order Date	Purchase Order	Order Number
	BASEMENT	ES800577

Style/Item	Color/Description	Size	Quantity Units	Price	Total
EXCEPTIONAL EXT	TAUPE SWIRL	12X95.5	127.33 SY	45.36	5,775.84
3/8 ATLANTIS	3/8 ATLANTIS	-----	5.00 RL	136.25	681.25
FREIGHT		-----	1,146.00 SFT	0.24	275.04

PROSOURCE does not install. All material specifications including manufacturers, styles, colors, and quantities are determined and approved by the purchasing customer.

02/18/08

11:53AM

Sales Representative(s):

HOUSE

Material: 6,457.09

Service: 275.04

Misc. Charges: 0.00

Sales Tax: 437.59

Misc. Tax: 0.00

QUOTE TOTAL: \$7,169.72

Discount: 0.00

Less Payment(s): 0.00

BALANCE DUE: \$7,169.72

No returns and no refunds for any non-stock/special order purchases. Minimum 25% restock fee may apply to stock merchandise.

Project Nike Harris
Location 6730 N. Chippinger Dr.
Due Date 561-5535

Page ____ of ____

[illegible]



SERVICE TECHNICIAN'S NAME _____

INVOICE NO. _____

SEWER & DRAIN ☐ PLUMBING ☐ PUMPING ☐
INDUSTRIAL ☐ EXCAVATION ☐ DRAIN TILE ☐

CUSTOMER NAME _____

CUSTOMER NO. _____

CUSTOMER CLASS

☐ RESIDENTIAL ☐ COMMERCIAL

BILLING ADDRESS _____

APT. NUMBER _____

FEDERAL I.D. # _____

CITY _____

STATE/PROVINCE _____

ZIP/POSTAL _____

CUSTOMER PHONE NO. _____

P.O. NUMBER/AUTHORIZATION _____

JOB ADDRESS (IF DIFFERENT THAN BILLING ADDRESS) _____

CITY _____

STATE/PROVINCE _____ ZIP/POSTAL _____

WORK ORDER AUTHORIZATION I authorize the services below and agree to pay the amounts indicated. I have read and agree to the terms on the reverse side, including the limits on Roto-Rooter's responsibility specified in those terms.

(SIGNATURE) _____

(PRINT NAME) _____

REPAIR CODE ESTIMATE AND DESCRIPTION OF WORK TO BE PERFORMED (The approximate starting date is _____, and the approximate completion date is _____. Neither date is guaranteed. Unexpected conditions or problems could cause delays.)

\$ AMOUNT

ADJUSTMENTS/CHANGES IN WORK TO BE PERFORMED (Use additional invoice if needed to describe changes)

RESIDENTIAL GUARANTEE

COMMERCIAL GUARANTEE

LABOR

LABOR

☐ Main/Branch Lines 6 months☐ Main/Branch Lines 30 days☐ Toilet Auger 7 days☐ Toilet Auger 24 hours☐ Plumbing Repair 6 months☐ Plumbing Repair 90 days☐ Plumbing Replacement 1 year☐ Plumbing Replacement 90 days☐ Extended Guarantee 1 year

REASON FOR NO GUARANTEE _____

☐ CASH☐ CHECK NO. _____ *☐ CREDIT CARD☐ NET 10 DAYS

OVER 30 DAYS = LATE CHARGE OF 1 1/2% PER MONTH

* In the event check is returned, the COMPANY will charge the CUSTOMER A \$25.00 processing fee.

LABOR \$ _____

PARTS \$ _____

PRODUCTS \$ _____

OTHER \$ _____

TAX \$ _____

INVOICE TOTAL \$ _____

COMPLETION I acknowledge completion of the above described work which has been done to my complete satisfaction.

(SIGNATURE) _____

(PRINT NAME) _____

(E-MAIL ADDRESS) _____

Send plumbing tips, product/service information and coupons via email.

NEXT VISIT

SUGGESTIONS FOR REPAIR / REPLACEMENT

ITEM	LOCATION	ESTIMATED COST	YOU SAVE TODAY
WATER HEATER			
DISPOSER			
SINK			
TOILET			
BATHTUB			
SHOWER			
FAUCET			
DRAIN			
OTHER			

From fix-its to plumbing emergencies,
call the experts at Roto-Rooter:

1-800-GET-ROTO

Check our Web site at www.1-800-get-rotorooter.com for
discount coupons, helpful hints,
fun trivia about plumbing and more!

New!

Complete your Customer Survey now!

Granville Road
Mark, OH 43093-0001

B-16- 2412-F510 F H

5113
HARRIS, MICHAEL & PATRICIA
6730 N CLIPPINGER DR
CINCINNATI OH 45243-3207



Location: Same as Mailing Address

Loss Settlement Provisions (See Policy)
A1 Replacement Cost - Similar Construction
B1 Limited Replacement Cost - Coverage B

Forms, Options, and Endorsements

Homeowners Policy	FP-7955
Business Property \$2,500	OPT BP
Jewelry and Furs \$2,500/\$5,000	OPT JF
Silverware Theft \$10,000	OPT SG
Increase Dwlg up to \$110,780	OPT IO
Ordinance/Law 10%/ \$55,390	OPT OL
Amendatory Endorsement	FE-7265
Policy Endorsement	FE-5320
Back-Up Dwell/Listed Property	FE-5706.1
Fungus (Including Mold) Excl	FE-5398
Motor Vehicle Endorsement	FE-5452
Telecommuter Coverage	* FE-5831

*Effective: JUN 30 2007

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

Thanks for letting us serve you. We appreciate our long term customers.

Agent DENNIS LADRIGAN

Telephone (513) 271-5718 or (513) 271-5719

RENEWAL CERTIFICATE

POLICY NUMBER 35-KB-5813-5

Homeowners Policy
JUN 30 2007 to JUN 30 2008

DATE DUE SEE BALANCE DUE NOTICE

JUN 30 2007 \$1,211.00

Coverages and Limits

Section I

A Dwelling		\$553,900
Dwelling Extension	Up To	55,390
B Personal Property		415,425
C Loss of Use		Actual Loss Sustained

Deductibles - Section I

All Losses	1,000
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Section II

L Personal Liability	\$500,000
Damage to Property of Others	500
M Medical Payments to Others (Each Person)	1,000

Annual Premium	\$1,211.00
Amount Due	\$1,211.00

Premium Reductions

Home Alert Discount	19.00
Home/Auto Discount	107.00
Claim Free Discount	266.00

Inflation Coverage Index: 188.0

If you have moved, please contact your agent
See reverse side for important information.

REP

Prepared MAY 16 2007

**CLAIMS REVIEW INFORMATION
(MSD WATER-IN-BASEMENT PROGRAM)**

- The Metropolitan Sewer District (MSD) created a Water-in-Basement (WIB) response program as part of a Federal Court Order to address problems with the Hamilton County sewer system.
- Under the WIB program, homeowners may have rights if they have sewer-related backups in their homes. For example, the City of Cincinnati and MSD must pay damages to homeowners caused by capacity-related backups.
- If you disagree with the City's decision on your claim, you may request a review of the decision by the Judge in Federal Court. Attached is a form that you can use to request a review.
- Information about completing the form:
 - You should file your Request for Review within **90 days** from the date of the City's decision to file a Request for Review.
 - If you need more than 90 days to prepare and file your Request for Review, contact the Legal Aid Ombudsman at (513) 362-2801 for information on how to request more time.
 - To prepare and file your Request for Review form, you need to:
 - ❖ Describe the nature of your dispute;
 - ❖ Attach a copy of the City's decision;
 - ❖ Specify the part of the City's decision that you disagree with;
 - ❖ Attach any relevant information or documents that support your position (receipts, photos, etc.);
 - ❖ Indicate whether you want a hearing before the Judge, or whether you want to submit a claim on the documents alone. (Note: the City might request a hearing even if you don't want one!)
 - ❖ **File your form in Room 103 of the Federal Courthouse at 100 E. 5th Street, Cincinnati, 45202, and send a copy to the City of Cincinnati, c/o Terry Nestor, 801 Plum St., Room 214, Cincinnati, OH 45202, and/or Fax: 513-352-1515.**
- The City has 30 days to file a response to your request for review.
- The Court should give you a hearing (if you want one) within 30 days of your request and a decision within 10 days of your hearing.
- The Ombudsman will not represent you at your Review Hearing. You can appear on your own, or you can bring an attorney.
- The Court will review all of the evidence presented by you and by the City or MSD. The Court can only consider your claim based on evidence you present (e.g., photos, receipts, etc.).
- **Call the Legal Aid Ombudsman at (513) 362-2801 if you have any questions or for more information.**

